

FILED JAN 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 41133

BIRTH NO. <u>86357-50</u>		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>496</u>					
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE XX <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>INDEPENDENCE</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>INDEPENDENCE</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>INDEP. SANITARIUM & HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>1509 W. TRUMAN ROAD</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>VICKIE</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>HANNAH</u>					
4. DATE OF DEATH		(Month) <u>DEC.</u> (Day) <u>27</u> (Year) <u>1950</u>									
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>		8. DATE OF BIRTH <u>DEC. 16, 1950</u>					
9. AGE (In years last birthday) <u>11</u>		IF UNDER 1 YEAR <u>11</u> Days		IF UNDER 24 HRS. <u>11</u> Hours							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>		11. BIRTHPLACE (State or foreign country) <u>INDEPENDENCE, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>INFANT</u>					
13a. FATHER'S NAME <u>KENNETH HANNAH</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE KAUFFMAN</u>		14. NAME OF HUSBAND OR WIFE							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>KENNETH KAUFFMAN</u> ADDRESS <u>STOCKTON MO.</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Circulatory Failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>11d2</u> <u>7735</u>				19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>12-76</u> , 1950, to <u>12-27</u> , 1950, that I last saw the deceased alive on <u>12-27</u> , 1950, and that death occurred at <u>9:45 A.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>James T. VanBiber M.D.</u>		23b. ADDRESS <u>317 W. Kansas Independence Mo</u>		23c. DATE SIGNED <u>12-29-50</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOULD GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE MISSOURI</u>					
DATE REC'D BY LOCAL REG. <u>Dec. 29-1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>INDEP. MO.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 4 RECD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Henry W. Stahl

Signed

Student Embalmer

Licensed Embalmer No. *3181*

P. O. Address *Independence*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.